

# PSYCHOLOGICAL SERVICE REQUEST

- USE THIS FORM TO COMMUNICATE WITH THE PSYCHOLOGICAL SERVICES UNIT (PSU).
- USE THE BLUE DOC-3035 HEALTH SERVICE REQUEST IF YOUR REQUEST IS RELATED TO PSYCHIATRIC MEDICATION OR PSYCHIATRIC SERVICES.
- PLACE ALL PAGES OF COMPLETED FORM IN THE DESIGNATED COLLECTION LOCATION.
- PRINT CLEARLY

FILED/REC'D

2017 MAY 22 AM 11:28

LAST NAME <i>Gonzalez</i>		FIRST NAME <i>Paulo</i>		DOC NUMBER <i>394340</i>
FACILITY <i>CCZ</i>	HOUSING UNIT <i>D15</i>	CELL NUMBER <i>14</i>	TODAY'S DATE <i>4-2-17</i>	

REQUEST FOR:

- ☒ PSYCHOLOGICAL SERVICES ☐ REQUEST FOR COPIES FROM PSU RECORD (List records below)
- ☐ REQUEST FOR PSU RECORD REVIEW ☐ INFORMATION
- ☐ OTHER:

FOLD THIS REQUEST OVER TO THE LINE BELOW SO THAT INFORMATION REMAINS CONFIDENTIAL

DO NOT USE THIS FORM IF YOUR MENTAL HEALTH NEED IS AN EMERGENCY, SPEAK TO STAFF DIRECTLY.  
IN THE LINED AREA BELOW, WRITE DOWN WHAT YOUR REQUEST IS ABOUT. BE AS SPECIFIC AS YOU CAN.

*My mother is really sick and it's  
causing me a great stress. I need to  
make a phone call to social worker  
has helped me which is unfair. please  
help me make a phone call / get a phone  
call. I will greatly appreciate it. my  
life depends on it.*

- ☒ I WOULD LIKE TO SEE PSYCHOLOGY STAFF ☐ I DO NOT NEED TO SEE PSYCHOLOGY STAFF

DO NOT WRITE BELOW THIS LINE - TO BE FILLED IN BY STAFF ONLY

TRIAGED BY <input checked="" type="checkbox"/> PSU <input checked="" type="checkbox"/> EADW LT	DATE RECEIVED <i>5-3-17</i>	ACTION <input type="checkbox"/> Direct Response <input checked="" type="checkbox"/> Delegate to <i>NORGE</i> <input checked="" type="checkbox"/> Refer to PSU (routine) <input type="checkbox"/> Other (specify in notes below)	STAFF INITIALS <i>NR</i> <i>SWN</i>
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NOTES (IF NEEDED)

RESPONSE

- ☐ A psychology appointment is scheduled for the following time frame:
- ☐ Your request has been referred to the Psychiatrist within the Health Service Unit
- ☐ Your request has been referred to the Health Services Unit for medical issues
- ☐ Refer for a record review appointment or for copies only... (Must be processed within 30 days of request)
- ☐ Other: *This request will be discussed.*

STAFF SIGNATURE

*gfe*

DATE SIGNED

*5/3/17*

PRINT STAFF NAME

*Dr Norge*